

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

-----X
SUSAN SOLTANPOUR

Plaintiff(s),

MARGUERITE ENDRIZZI

Defendant(s).

-----X

DEMAND FOR DISCLOSURE

S I R S:

PLEASE TAKE NOTICE that O'CONNOR, McGUINNESS, CONTE, DOYLE & OLESON, ESQS., attorneys for the defendant, MARGUERITE ENDRIZZI, demand that you respond to the following demands for disclosure attached hereto and made a part hereof at the offices of O'CONNOR, McGUINNESS, CONTE, DOYLE & OLESON, ESQS., One Barker Avenue, Suite 675, White Plains, New York 10601 on January 3, 2008 at 10:00 a.m. to wit:

DEMAND FOR STATEMENTS, WITNESSES, PHOTOGRAPHS & ACCIDENT REPORTS PURSUANT TO FRCP 26;

DEMAND FOR EXPERT IDENTITY PURSUANT TO FRCP 26(a)(2);

FRCP 26(a)(2) EXPERT DEMAND AS TO ECONOMIST / ACTUARY WITNESS;

DEMAND FOR MEDICAL REPORTS AND AUTHORIZATIONS PURSUANT TO FRCP 26(a)(1)(B);

MEDICAL REPORTS AND AUTHORIZATIONS FOR PRE-EXISTING INJURY PURSUANT TO FRCP 26(a)(1)(B);

DEMAND FOR INSURANCE COVERAGE INFORMATION PURSUANT TO FRCP 26(a)(1)(D);

DEMAND PURSUANT TO FRCP 26;

DEMAND FOR SPECIFIED ITEMS - FRCP 26(b)(1); and

DEMAND FOR COMPUTATION OF DAMAGES PURSUANT TO FRCP
26(a)(1)(C).

All the within demands are to continue during the pendency of this action, including trial. If any of the items or information becomes available subsequent to the service of this demand, they are to be furnished at that time to the undersigned, pursuant to such demands. If the item or information demanded is not available to you, not presently known, nor under your custody and control, so state in response to this demand.

All responses made by a party represented by an attorney must be signed by at least one attorney of record in the attorney's individual name, whose address must be stated. An unrepresented party must sign the response and state the party's address.

Dated: White Plains, New York
December 6, 2007

Yours, etc.

MONICA G. SNITILY
O'CONNOR, McGUINNESS, CONTE,
DOYLE & OLESON
Attorneys for Defendant
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White Plains, New York 10601
(914)948-4500

TO: GOLDBLATT & ASSOCIATES, P.C.
Attorneys for Plaintiff
1846 East Main Street (Route 6)
Mohegan Lake, New York 10547
914-788-5000

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

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SUSAN SOLTANPOUR

Plaintiff(s),

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**STATEMENTS, WITNESSES, PHOTOGRAPHS & ACCIDENT REPORTS
PURSUANT TO FRCP 26**

Request is made for the following:

1. Copies of all statements, recordings, abstracts of recordings, investigators' summaries of statements, writings, photographs, video tapes and/or films taken by or on behalf of the plaintiffs from or of this demanding party.
2. The name, address and telephone number of each individual likely to have discoverable information relevant to the disputed facts alleged with particularity in the pleadings.
3. The names and addresses of all persons claimed or believed to have witnessed the following:
 - a. The accident or occurrence or to have firsthand knowledge of the same or the facts and circum-stances regarding the occurrence;
 - b. any other acts or omissions claimed to constitute the negligence of any party;
 - c. any acts or omissions pertaining to the damage suffered or incurred by any party as a result of the negligence of any other party;
 - d. any facts or circumstances alleged to constitute actual or constructive notice to any party of the condition alleged to have caused the claimed injuries or damages;
 - e. the making of any statements or admissions of this demanding party bearing on the issues of negligence, contributory negligence and culpable conduct of any party hereto;
 - f. the name and address of any person claiming actual notice to the defendant of any condition which allegedly caused the condition complained of;

- g. if a claim for loss of services is made, set forth the names and addresses of any person hired to perform services in the place of each plaintiff.
- 4. Original photographic or video reproduction of each photograph or video tape or duplicate thereof, taken of the situs of the accident or occurrence, the instrumentality involved or the physical condition of the plaintiff after the accident or occurrence.
- 5. At least thirty (30) days before trial, identification of those witnesses whom the party expects to present at trial and those whom the party may call if the need arises.
- 6. Any written report concerning the accident which is the subject matter of this lawsuit prepared in the regular course of business operations or practices of any person, firm, corporation, association or other public or private entity.

Dated: White Plains, New York
December 6, 2007

Yours, etc.

MONICA G. SNITILY
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DOYLE & OLESON
Attorneys for Defendant
MARGUERITE ENDRIZZI
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UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

-----X
SUSAN SOLTANPOUR

Plaintiff(s),

MARGUERITE ENDRIZZI

Defendant(s).

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EXPERT IDENTITY PURSUANT TO FRCP 26(a)(2)

PLEASE TAKE NOTICE that you are hereby required to serve upon the undersigned, in the absence of other direction by the Court, at least ninety (90) days before the trial date, a written report prepared and signed by the witness disclosing in reasonable detail the following information regarding each person you expect to call as an expert witness at the trial of this action:

1. The name and address of the witness.
2. The area of expertise of the witness.
3. The qualifications of the witness, including:
 - a. Colleges and universities attended and degrees earned, if any, including dates of attendance;
 - b. all states in which the expert has been licensed;
 - c. any professional certifications, including dates thereof;
 - d. all current professional society memberships;
 - e. all current hospital staff appointments;
 - f. all internships, residencies and fellowships, including location and dates;
 - g. all publications, including title, journal or text and date of publication within the preceding ten (10) years; and
 - h. whether the expert's license has ever been suspended, revoked or otherwise

redistricted or limited.

4. A complete statement of all opinions to be expressed and the basis and reasons therefor.
5. The data and/or information considered by the witness in forming the opinions.
6. Any exhibits to be used as a summary of or support for the opinions.
7. The compensation to be paid for the study and testimony.
8. A listing of any other cases in which the witness has testified as an expert at trial or by deposition within the preceding four (4) years.

PLEASE TAKE FURTHER NOTICE that this request is a continuing request and objection will be taken and a preclusion order sought regarding the expert opinion testimony of any witness not identified as requested herein.

Dated: White Plains, New York
December 6, 2007

Yours, etc.

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DOYLE & OLESON
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UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

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SUSAN SOLTANPOUR

Plaintiff(s),

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FRCP 26(a)(2) EXPERT DEMAND AS TO ECONOMIST/ACTUARY WITNESS

PLEASE TAKE NOTICE that you are hereby required to serve upon the undersigned, in the absence of other direction by the Court, at least ninety (90) days before the trial date, a written report prepared and signed by the witness disclosing in reasonable detail the following information regarding each person you expect to call as an expert witness at the trial of this action:

1. The name and address of the economist/actuary who you expect to call as an expert witness at trial.
2. The qualifications of each such expert witness.
3. The substance of the facts and opinions on which each expert economist/actuary is expected to testify, including:
 - a. A description in reasonable detail of the substance of the losses for which such calculations will be made:
 - i. present value of net (after tax) and gross future lost earnings;
 - ii. present value of future medical expenses (by item);
 - iii. present value of any other future monetary sums (please identify);
 - b. the undiscounted amount of such loss;
 - c. the present value of such loss;
 - d. the discount rate (broken down by presumed inflation rate and presumed rate of return specifying the investment instrument) applied by such person to

- determine present value and the reason for such rates;
- e. the number of years involved in the discounting process and the opinions and acts on which the economist bases the determination of that number of years;
 - f. the rate of inflation applied by such person in computing the values indicated in item "3(a)" above;
 - g. with regard to growth of future income on an annual or other basis at a projected rate of income greater than the income earned by the plaintiff when last employed, state in reasonable detail the growth rate for such income as estimated by such person and the opinions and facts on which that estimate is based;
 - h. state in reasonable detail each factor other than those which have been noted above, which the economist/ actuary has used in calculating the net amount of the present value of the loss;
 - i. with regard to information secured from any text, publication, graph, chart, index or study upon which the expert relied in reaching his conclusions, describe or designate such items in writing with reasonable specificity to permit its identification and location by defendants;
 - j. the present value from projected income stream allocated to personal consumption of plaintiff; and
 - k. the plaintiff's current federal tax bracket.
- 4. Disclose, in reasonable detail, a summary of the mathematical calculations involved in deriving the expert's conclusion.
 - 5. Please produce for discovery and inspection at the office of the undersigned within twenty (20) days after service of a copy of this demand, a copy of the reports of the economist/ actuary.

Dated: White Plains, New York
December 6, 2007

Yours, etc.

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UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

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SUSAN SOLTANPOUR

Plaintiff(s),

MARGUERITE ENDRIZZI

Defendant(s).

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**MEDICAL REPORTS AND AUTHORIZATIONS
PURSUANT TO FRCP 26(a)(1)(B)**

Request is made for the following:

1. Copies of all medical reports, statements, bills and third-party payor reimbursement applications (no-fault, Blue Cross/ Blue Shield, etc.) prepared by those physicians who have treated or examined the plaintiff, including x-ray and technicians' reports.
2. Copies of all hospital records including, but not limited to, patient charts, admission or emergency room sheets, progress notes, nurses' notes, test reports, discharge summaries, evaluations and bills of each hospital clinic or medical institution wherein plaintiff sought treatment or examination.
3. Original duly executed and acknowledged written authorizations providing names and addresses thereon to obtain copies of the complete office records of each physician, technician, therapist, nurse or aide who has examined the plaintiff for the injuries alleged.
4. Original duly executed and acknowledged written authorizations providing names and addresses thereon and specifying the admission number, patient number and patient's social security number, each date of treatment and whether treatment was outpatient or admission to permit the undersigned to obtain copies of all hospital records, x-rays, technicians' reports, autopsy or post-mortem reports for each hospital, clinic or medical institution wherein plaintiff sought treatment or examination, as well as any other reports referred to in the physicians' reports.

Dated: White Plains, New York
December 6, 2007

Yours, etc.

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UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

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SUSAN SOLTANPOUR

Plaintiff(s),

MARGUERITE ENDRIZZI

Defendant(s).

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**MEDICAL REPORTS AND AUTHORIZATIONS
FOR PRE-EXISTING INJURY
PURSUANT TO FRCP 26(a)(1)(B)**

Request is made for the following:

1. Copies of all medical reports, by physicians who treated, examined or saw plaintiff for any condition, injury or infirmity which plaintiff claims was aggravated, activated or exacerbated by the accident or occurrence which is the subject of this lawsuit.
2. Original duly executed and acknowledged written authorizations providing names and addresses thereon specifying each date of treatment to obtain copies of the complete office records of each physician who treated, examined or saw the plaintiff herein for any condition, injury or infirmity for which it is now alleged was aggravated, activated or exacerbated by the accident or occurrence which is the subject of this lawsuit.
3. Original duly executed and acknowledged written authorizations providing names and addresses thereon specifying each date of treatment and whether treatment was outpatient or admission to permit the undersigned to obtain copies of all hospital records, clinic or medical institution, which treated, examined or saw the plaintiff herein for any condition, injury or infirmity for which it is now alleged was aggravated, activated or exacerbated by the accident or occurrence which is the subject of this lawsuit.

Dated: White Plains, New York
December 6, 2007

Yours, etc.

MONICA G. SNITILY

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UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

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SUSAN SOLTANPOUR

Plaintiff(s),

MARGUERITE ENDRIZZI

Defendant(s).

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INSURANCE COVERAGE INFORMATION PURSUANT TO FRCP 26(a)(1)(D)

Request is made for the following:

1. The availability for inspection and copying of the complete and full insurance agreements under which any insurer of the plaintiffs may be liable to satisfy part or all of the judgment which may be entered in the above-entitled action, or to indemnify or reimburse payments made to satisfy a judgment in the above-entitled action.
2. The complete names and addresses of such insurance companies, the file and policy numbers, and the coverage amounts.
3. A statement as to whether or not there is any additional concurrent, excess, or umbrella coverage available with regard to the above-entitled action. If there is such coverage, supply all information as to those policies as is requested in numbers "1" and "2" above.
4. In the case of no coverage, disclaimer, reservation of rights, non-waiver agreements, or any other conditions relevant to any of the above coverages, please so state and supply copies of the same.
5. The name, address and file number of any insurance company making no-fault payments to the plaintiffs.
6. The name, address and file number of any Workers' Compensation company providing compensation benefits to the plaintiffs.
7. The name, address and file number of any medical benefit and/or Disability insurance company providing payment or reimbursement of medical expenses or lost wages.

Dated: White Plains, New York
December 6, 2007

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UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

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SUSAN SOLTANPOUR

Plaintiff(s),

MARGUERITE ENDRIZZI

Defendant(s).

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DEMAND PURSUANT TO FRCP 26

1. If the plaintiffs claim monetary damage by reason of physicians' expenses:
 - a. State the name and address of each physician who rendered medical care and treatment to the plaintiff;
 - b. the amount of each physician expense, and the amount received or the amount which plaintiffs are entitled to receive under any collateral source, including Blue Cross/ Blue Shield or major medical insurance coverage, or other liability insurance plan for each physician expense; and
 - c. state the name and address of the collateral source applicable for each of the physicians listed in response to the above.
2. If the plaintiffs claim monetary damage by reason of hospital expenses:
 - a. State the name and address of each hospital in which care and treatment was rendered to the plaintiff;
 - b. the amount of each hospital expense and the amount received or the amount which plaintiffs are entitled to receive under any collateral source, including Blue Cross/ Blue Shield or major medical insurance coverage, or other Disability insurance plan for each hospital expense; and
 - c. state the name and address of the collateral source applicable for each of the hospitals listed in the response above.
3. If the plaintiffs claim monetary damages by reason of any other medical cost, including nursing service, home care, medication or medical apparatus:
 - a. State the amount of each of these expenses;
 - b. the name and address of each payee, and the amount received or the amount which plaintiffs are entitled to receive under any collateral source including Blue Cross/ Blue Shield or major medical insurance coverage, or other Disability insurance plan, for each of these expenses; and

- c. state the names and addresses of the collateral source applicable for each of the payees listed in the response above.
4. If the plaintiffs claim monetary damages in the nature of lost earnings:
 - a. State the alleged amount of lost earnings;
 - b. the alleged gross wage immediately prior to the accident;
 - c. the name and address of the employer; and
 - d. the amount of remuneration received for wages and the source of said remuneration after the accident, including Workers' Compensation, union benefits, employees' benefit plans, or other collateral source.
5. State, in itemized form, any other monetary amount which plaintiffs claim they are entitled to by reason of the allegations in the complaint, setting forth the specific item of damages and its claimed amount.
6. State the monetary amount which plaintiffs claim they are entitled to by reason of the alleged pain and suffering as alleged in the complaint.
7. For the monetary amount of any such alleged special damage, state the amounts received from any collateral source, including insurance, Social Security (except those benefits provided under title XVIII of the Social Security Act), Workers' Compensation or employee benefit programs, except such collateral sources entitled by law to liens against any recovery of the plaintiffs.
8. Provide a copy of each contract under which any collateral source has or will continue to provide collateral source payments for wages, medical care or other special damages.
9. Provide original, duly executed and acknowledged, written authorizations, providing names and addresses thereon, to permit this demanding party to obtain copies of the complete file maintained by each collateral source relating to plaintiff.

Dated: White Plains, New York
December 6, 2007

Yours, etc.

MONICA G. SNITILY
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UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

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SUSAN SOLTANPOUR

Plaintiff(s),

MARGUERITE ENDRIZZI

Defendant(s).

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SPECIFIED ITEMS - FRCP 26(b)(1)

Request is made for the following:

1. Duly executed unrestricted authorizations permitting the undersigned to obtain the records of all plaintiff's treatment providers.

Dated: White Plains, New York
December 6, 2007

Yours, etc.

MONICA G. SNITILY

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UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

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SUSAN SOLTANPOUR

Plaintiff(s),

MARGUERITE ENDRIZZI

Defendant(s).

-----X

COMPUTATION OF DAMAGES PURSUANT TO FRCP 26(a)(1)(C)

Request is made for the following:

1. For inspection and copying, all documents or other evidentiary material on which computation of damages is based, including bearing on the nature and extent of injuries.
2. A computation of any category of damages claimed.

Dated: White Plains, New York
December 6, 2007

Yours, etc.

MONICA G. SNITILY_____

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